Managing Trust Through Negotiation in Doctor-patient Discourses -Evidence from Neurosurgery Clinic

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Abstract:

Doctor-patient relationship has always been a highly valued issue in our society. In recent years, violence against medical staff in hospitals has been on the rise in various regions of China, and the relationship between doctors and patients seems to be getting strongly intensified. The vast majority of doctor-patient disputes are caused by inadequate and inappropriate communication during the process of medical services. Negotiation System and Empathy shed light on how to regulate and improve doctor-patient communication in clinical encounters.

Based on 10 recorded conversations between patients and one doctor, this essay discusses how moves are organized by the doctor and patients, and how the doctor applies the theory of Empathy to show her concern and care for patients. This paper finds that though the doctor has profound medical knowledge, she chooses to be equal with patients, solving their problems with a low profile, and communicates with less dominant moves. Meanwhile, doctors sharing some of their power with patients is beneficial for managing trust in doctor-patient relations, which is a crucial but often neglected aspect of medical care.

Key Words: Doctor-patient conversation, Negotiation System, Empathy

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1. INTRODUCTION

1.1 Background Information

Doctor-patient communication is of great importance in medical interpersonal relationship, which has recently been a highly valued issue in our society. For years it was commonly thought that doctors with professional skills and knowledge were authoritative, so patients always followed their advice without questioning. Meanwhile, doctors cared more about patients' disease, and to some extent, ignored their feelings. Doctor-patient communication was not a cause for concern. As the society and technology develops, patients have more access to medical information, and they sometimes challenge doctors' treatment-related decisions.

In recent years, violence against medical staff in hospitals has been on the rise in various regions of China, and the relationship between doctors and patients seems to be getting strongly intensified since they have different expectations and play different roles. Problems in physician-patient communication are common and worthy of our attention. The vast majority of disputes in which patients hold a hostile attitude when dealing with doctors are caused by inadequate and inappropriate communication during the process of medical services. However, a harmonious doctor-patient relationship is an important guarantee to improve medical quality and maintain social stability. Therefore, both doctors and patients must improve communication skills, enhance mutual trust and understanding so as to establish a good doctor-patient relationship.

Doctor-patient communication is an important area of research in the field of Systemic Functional Linguistics. Since the mid-20th century, scholars abroad have conducted plentiful studies on doctor-patient discourses, yet it is quite new for Chinese linguists. Negotiation is concerned with interaction as an exchange of information or goods & services between interlocutors. This system considers the ways in which speakers initiate and respond in adjacency pairs (Martin, 2002), explicates how speakers adopt roles and assign them to each other in dialogue, and expounds how moves are organized in achieving certain goals (Martin & Rose, 2003: 17). Besides, the more doctors express their empathy, the more patients may talk about their conditions. It is acknowledged that empathy should be taught in medical training, for health care professionals' ability to express empathy is a vital skill within medical consultations (Alligood, 1992; Pounds, 2011; Bonvicini et al., 2009).

1.2 Aims and Objectives

This paper, starting from the study of doctor-patient conversation, applies Negotiation System and Empathy to analyze the characteristics of conversations, aiming at discussing the aspect of exchange in doctor-patient interaction and its influence on the outcome of medical care so as to reduce the language disputes between doctors and patients, which is also of substantial significance for establishing positive doctor-patient communication and building harmonious doctor-patient relationship. Effective doctor-patient communication boosts patients' physical

and mental health, improves physician satisfaction, and decreases patients' complaints so as to facilitate social stability, unity as well as prosperity.

Doctor-patient conversation has been studied from different viewpoints with plentiful achievements abroad, but limited work has been done in the field of Negotiation System and Empathy. For one thing, this study analyzes some basic types of speech functions and then reveals how doctor and patients adopt each function as well as how moves are organized within communication generally; for another, it offers some new insights into analyzing discourses between medical staff and patients from Negotiation System and Empathy, which can help people better understand the skills and art of speaking, and engender empathy from both the physician and the patient for the other during a clinical encounter. In addition, compilers could incorporate these concepts into teaching materials within medical curricula for students to enhance their capacity to engage in effective partnerships with patients. In all, this is still a research area that is worth doing.

1.3 Research Questions

Focusing on Negotiation System and Empathy, the following questions are the key points and the guideline of the study.

(1) How do patients and the doctor adopt certain moves and speech functions during communication?

(2) How does empathy influence doctor-patient relations?

1.4 Structure of the Essay

This essay is divided into five Chapters. The first Chapter mainly introduces background information and presents aims of this study. The second Chapter gives all-round illustration about previous studies on doctor-patient relationship and the development of Negotiation System and Empathy. Data collection will be presented in the third Chapter. The fourth Chapter gives full details interpreting the authentic recordings and reports major findings. The fifth Chapter makes a conclusion about the whole essay and provides suggestions for further studies.

2. LITERATURE REVIEW

2.1 An Overview of Negotiation System

Discourse is a symbol of social behavior, and its social attribute reflects the close relationship between discourse, social field and discourse subject. In a certain social field, discourse activates a certain power relationship between discourse subjects, that is, discourse power (Halliday & Hasan, 1989). Therefore, the research on the relationship of discourse power can reveal the distribution of power in discourse, find out the problem of the use of power in the relationship between doctors and patients, and better serve the establishment of a good social order.

When two parties negotiate goods & services, it is a move that offer goods or performs services; when they negotiate information, it is a move that authoritatively establishes the facts of the matter (Martin & Rose, 2003). Berry refers to goods-and-services negotiations as action exchanges, and information exchanges as knowledge ones. There are 13 types of speech functions, and the choices are sequenced as moves in exchanges. There are also some additional interrupting moves which track ideation or challenge the development of an exchange as tracking moves and challenging moves respectively (ibid).

Berry refers to the dialogue partner for primary actors (A1) as a secondary actor (A2), who receives the goods or enjoy the services; the secondary knower (K2) is the person who receives the information professed by the primary knower (K1). A third possibility is referred to as anticipatory move, which is for exchanges to be initiated by primary actors and knowers who anticipate providing goods or performing services, or anticipate professing information by first alerting their addressee that it is coming. These moves are called dA1and dK1moves and 'd' stands for 'delay'. There is also the possibility of a further follow-up move by the primary actor or knower. These moves are called A1f, A2f, K1f and K2f (ibid).

Tracking moves means all or part of the ideational content of what is being negotiated in a preceding move may be in doubt, and they are labelled as tr (for track) and rtr (for response to track) as required. Challenges involve uncooperative behavior, in which moves resist in the content of a former move. They are called as challenging moves, and are labelled as ch (for challenge) and rch (for response to challenge) as required (ibid). Wu & Wang (2019) conducted a case study of traffic incident handling discourse with Negotiation System, which finds that the traffic police and the drivers use different moves to negotiate on the information about issues such as liability and conciliation.

Speech function is a discourse semantic system realized through the grammar of mood (Martin & Rose, 2003). The following figure is an outline of speech functions, which includes exclamation, greeting, response to greeting, call, response to call, statement, acknowledgement, question, answer, offer, acceptance, command, compliance.

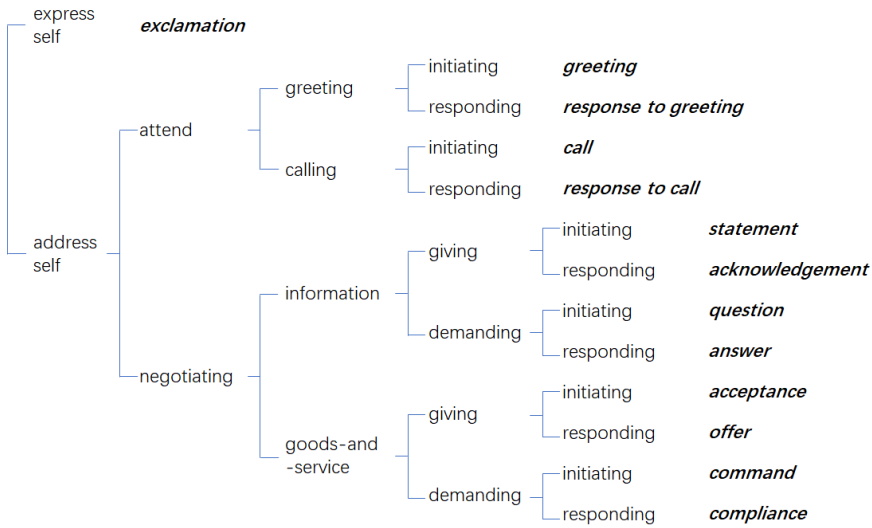

Figure 1 An outline of speech functions (extracted from Martin & Rose, 2003: 226)

Here the author just analyzes four primary speech functions of offer, command, statement and question. Three linguistic forms such as declarative, interrogative, and imperative can usually realize these four speech functions. Generally, there are four congruent pairings as follows: statement-declarative, question-interrogative, command-imperative, and offer-interrogative/declarative (Yang, 2019). These four congruent pairs are the most direct and natural, and children can easily acquire them earlier in life. If there is a mismatch between the pairs, for example, a statement is realized by an interrogative, metaphor of mood occurs.

2.2 An Overview of Empathy

It is widely accepted that empathy should be taught as part of medical training and attempts have been made to incorporate the teaching of empathy in medical school programs of study (Pounds, 2011). Fine & Therrieo (1977) conduct an empirical study to test how does training program help medical students develop empathic responses to patients compared with students without taking such program. As a complicated concept, empathy has various definitions and rating scales. The most reliable measure is Jefferson Scale of Physician's Empathy explained by Hojat et al. (2001), which is developed for assessing physicians' empathy. Linguistic studies and approaches relevant to the expression of empathy are then conducted by Suchman et al. (1997) and the insights are also applied to conversation analysis in doctor-patient interaction (Wynn & Wynn, 2006).

Actually, the "detached concern" approach to doctor-patient communication (Fox and Lief, 1963) has been advocated through the 20th century. It is considered as objective and rational in medical care. Later, the concept of empathy has attracted particular attention as it is associated with a consultation approach that allows emotions to be used in the service of deeper

understanding. Piasecki (2003: 44) defines empathy as understanding and participating in another person's emotional state which is different from sympathy. Moulton (2007: 48-50) also lists several stages of an empathetic interaction. The author further develops the theory as 9 types.

2.3 An Overview of Studies on Doctor-patient Conversation

It is generally recognized that doctor-patient communication is a vital part in medical care, which has attracted a wide range of attention among linguists abroad. Through effective doctor-patient communication, several purposes can be achieved, which are: (1) creating a good interpersonal relationship, which determines patients' satisfaction, compliance, and state of health; (2) exchanging information; and (3) making appropriate therapeutic regimens (Ong et al., 1995; Chaitchik et al., 1992). Although there are a great many advanced technologies, the primary means for physician and patient exchanging health information is communication. The significance of information sharing in medical consultations is gradually apparent (Street, 1991), which can be analyzed through different linguistic theories.

In the past three decades, descriptive and experimental studies have tried to shed light on the communication process. Interaction between doctors and patients in an oncology ward where patients often evoke intense and opposed feelings is examined from the perspective of cognitive orientation theory in Chaitchik et al. (1992). Molleman et al. (1984) studies doctor-patient relationship in coping with cancer, concluding that medical staff should optimally reduce patients' uncertainty as well as anxiety when providing certain information, then patient is able to engage in the discussion about therapy. The physician often talks medical terminology and do not seem to pay full attention to patients' concerns, which is observed at a pediatric clinic in a large hospital. As a result, mutual distrust and dissatisfaction are developed (Korsch & Negrete, 1972). About patients' compliance to the therapy, Mechanic (1976) suggests that doctors should encourage patients to abide by instructions and advice. Certain compliance-gaining tactics or interpersonal skills utilized by physicians is associated with patients' treatment adherence (Lane, 1983; Fine & Therrieo, 1977). Korsch & Negrete (1972) indicate that patients would become dissatisfied if their doctors fail to show friendliness. Physicians tend to ignore patients' expectations and knowledge, sometimes they are not willing to listen to patients' concern (Powers & Gonzales, 1981; Rodin & Janis, 1979).

In China, studies on doctor-patient communication remain at the initial stage. Liu (2009) finds that the cooperative principle cannot fully apply to doctor-patient interaction in outpatient departments for the asymmetry in information and power. Yu & Hou (2009) aim to analyze how Anita Pomerantz's Extreme Case Formulation works in doctor-patient verbal communication from the perspective of conversation analysis. Based on audio-recorded prenatal consultation from the conversational research method, Yu (2009) explores the sequential organization of suggestion-seeking, suggestion-giving existing in the conversations. Another study presents the interruption in doctor-patient-companion communication, showing that doctor is the favored party in the power relation during consultations (Yang & Li, 2019).

Zhao (2019) analyzes the legitimization of power in a Medical TV Interview, arguing that the technologization of expert discourse brings legitimation to the expert power and makes it recognized by the public, and to a large extent, ensures the positive effect of this program in advertising the medicine.

3. RESEARCH METHODOLOGY

3.1 Data Collection

The author, as the professor's assistant, recorded doctor-patient discourses in the neurosurgery clinic of a third-class hospital in Shanghai. The conversations were collected during a three-month period from May 2019 to June 2019, in which there are 126 patients' talk with one doctor in total. To ensure the objectivity and reliability of data, and with the length limit of this essay, the author randomly extracted 10 conversation recordings to conduct this case study. The data in the present study is unique as well in that it consists of authentic recordings, which are usually inaccessible. In terms of transcription, the recording pen which can transcribe the recording to text is used, and the author further check all the discourses through verbatim transcribing to ensure its accuracy.

The problems of interaction are supposed to exacerbate in the case of patients with Cushing's syndrome because they are severely depressed accompanying extreme mood swings. However, in the process of data collection, the author observes that the professor established great relationship with almost every patient by virtue of professional guidance and communicative skills in outpatient visits. This can be used as appropriate sample material to illuminate how to build favorable doctor-patient relations.

3.2 Data Analysis

This article intends to conduct a corpus-based study on the correlation among Negotiation System, Empathy and doctor-patient communication. This study involves the construction of one corpus consisting of 22000 Chinese characters in total, which is necessary to generalize the findings. With the use of UAM CorpusTool, it can help reduce the bias of the researcher to a great extent. The author assigned features of speech functions and empathy to the segments. In order to make it more accurate and objective, the author annotated the segments twice, and the results were almost the same.

4. RESEARCH FINDINGS

4.1 Negotiation System applied in the corpus

Negotiation is a process by which two parties negotiate to obtain their respective and often incompatible goals. Studies on negotiation in doctor-patient encounters mainly focus on how to deal with their different opinions in treatment regimens (Rost et al., 1989). As patients look for professional suggestions from doctors, the balance of power would traditionally lean toward the doctor. Based on the author's observation, in a complete medical encounter which provides the

unique setting for negotiation, there should be six stages as follows: establish interpersonal relation – ask for information about illness – conduct examination – check reports – provide further treatment regimens in detail – finish the visit. The author calls the first stage and the last one as Before Consultation and After Consultation respectively, while the other four stages are called During Consultation.

The above activities in each stage are mainly carried out by the dialogue between doctors and patients, in which both parties exchange and negotiate relevant information or goods & services involved. To achieve the purpose of treatment, doctor and patient paly a certain discourse role separately, including primary knower, secondary knower, primary actor and secondary actor. These discourse roles specifically embody as moves taken by subjects. In the negotiation system, moves involved in knowledge exchange include dK1, K1, K1f, K2, K2f, and the former three moves are completed by the primary knower; while moves involved in goods & services exchange include dA1, A1, A1f, A2, A2f, and the former three moves are completed by the primary actor.

	knowledge exchanged	discourse subjects	major moves
before consultation	patient's name	patient	K1
		doctor	K2
during consultation	history-taking	patient	K1
		doctor	K2
	further treatment regimens	patient	K2; K2f
		doctor	K1; dK1
after consultation	patient's concern	patient	K1
		doctor	K2

Table 1 Knowledge exchange in medical encounters

	action exchanged	discourse subjects	major moves
before consultation	take one's seat	patient	A1
		doctor	A2
during consultation	history-taking	patient	A1
		doctor	A2
	further treatment regimens	patient	A2, ch
		doctor	A1
after consultation	patient's concern	patient	A1
		doctor	A2

Table 2 Action exchange in medical encounters

In a whole medical encounter, both doctors and patients play the distinctive roles. Before the formal consultation, they would greet each other, which lays a good foundation for further treatment. As for history-taking exchange, since patients have more knowledge about his/her own health condition, they grab some of the discourse power. The doctor pursues such information by questioning patients. Patients identify such information by voluntarily offering it. When doctor provides further treatment regimens, patients might challenge doctor's suggestion. At last, doctor would give floor to patients for them to express their concerns.

4.1.1 Moves Before Consultation

Example 1: **(See appendix for translation)**

医生：来，陈娟娟坐。(A2)　　病人：嗯，好的。(A1)

医生：来，陈娟娟坐。(A2) 你这个抵抗力太不好了，怎么会发生尿路感染呢？

Example 2:

病人：你好，孙医生　　医生：嗯嗯

病人：你好，　　医生：你好嗯嗯，配药是吧。(dA1)

病人：啊？

医生：配药啊还是什么呀？(dA1)

病人：配药，我我现在主要是想来再再看一下吧，就是复查复查吧。(A2)

医生：嗯，嗯嗯。(A1)

Example 3:

病人：医生　　医生：嗯，是王丽是吧？(K2)

病人：嗯。(K1)

Example 4:

医生：来，陈超请进，来，陈超请坐。(A2)

Patients in Example 1 and Example 2 are not the first time being there. Since they already have medical consultations before, the greeting part is quite simple and doctor mainly comes straight to the point. As in Example 3 and 4, doctor make sure of patient's name or ask them to sit, which shows her consideration for patients. In example 2, the doctor should have asked the patient if he needed to dispense the medicine, but she used the declarative tone to express the "question", which proves her powerful position. The patient does get the meaning and expresses confusion. Then the doctor replied with an alternative question, then the action successfully exchanged between them. Unlike polarity, alternative question also opens up a space for negotiation and different opinions could emerge.

4.1.2 Moves During Consultation

Example 5:

病人：多开几瓶可以吗？(A2)

医生：多开几瓶开不出来，你这个药就是开不出来呵呵呵。(ch)

病人：是不是有换药或者什么的啊？必须吃这种药啊？(K2)

医生：对，必须吃这种药，(K1)

病人：但是这个药太难买了，我们那个地方都没有啊，(ch)

医生：没有的话你要在上海就你要在上海交个朋友，让上海的人帮你去买，知道吧？(rch)

Example 6:

医生：很小的囊肿，有的 18 年也有的，这张片子上也有一模一样的。(K1)

病人：有吗？(ch)　　医生：有的。

病人：他说没有啊。(ch)　　医生：有的。(rch)

病人：噢噢噢。　　医生：小到大家都无法发现，没问题的

……

病人：最主要那个医生说去年都没有，今年长了。(ch)

医生：有的一模一样的，(rch)　　病人：一模一样，他肯定没看见

医生：因为你拍的，不怪他们。　　病人：嗯，

医生：因为你拍的不是垂体的片子，你拍的不是片子，就是我们在拍其他的东西呢扫到一点点，说明这个医生第一次医生有点忽略了，这也是人之常情，很正常，现在你也可以忽略这个问题。

Example 7:

病人：我也想要到浦东，我吃中药，吃中药能好吗？　医生：最好看看内分泌。

病人：我想吃中药。(ch)　　医生：今天要配药吧？

病人：不要配了，我还是到我们当地去了，我，我要吃中药去。(ch)

During the process of consultation, patients might challenge doctor for the treatment, while doctor would challenge patients for their unreasonable requirements. As the doctor acquire more professional medical knowledge, she can reduce patients' concerns. In example 5, the doctor challenges patient's requirement by explaining the reason, which increases negotiability and it is also a way of establishing trust. Example 6 presents that if there are some differences between her treatment with the former doctor, she would not question the former doctor's ability, but try to convince the patient that he/she didn't do it on purpose. Meanwhile, even though the doctor said before that there was cyst last year, the patient was still uneasy. She asks again but with a declarative tone rather than interrogative, which shows her uncertainty towards the doctor's words.

Example 7 shows that even if the patient express her different opinion, the doctor still patiently gives her own advice. The patient's challenging moves also show that he is trying to get more say. There are also dK1 moves in doctor's talk, which is a kind of circuitous negotiation. This kind of delayed information exchange step not only helps the doctor to gain some discourse dominance, but also creates a certain negotiation time and space for both sides, which is better for patients to accept the main information exchanged.

These moves reflect that though doctor has profound knowledge, she chooses to be equal with patients, solving their problems with a low profile. It can be adjusted through the employment of moves in concrete contexts viewing from the language negotiation (Wu & Wang, 2019). There are some feedback moves like Mm, Hm serving to reassure listeners that he/she is listening and the information is being received (Martin & Rose, 2003). Thus, the author comes to the conclusion that successful negotiation requires an atmosphere conducive to mutual resolution of conflict, while both parties literally takes a turn in controlling the topic addressed.

Conversations in the concluding segment of the visit are nonsignificant, as they normally include leave-taking moves.

4.2 Analysis from Empathy

The author identifies components of empathic interaction as follows:

Elicit patients' feelings and further explanation
Without interruption
Show acceptance & understanding
show understanding
show approval
Show support:
express willingness to help
express concern
shared effort
Increase patients' acceptability by using metaphors
Relieve patients' feelings
Close the distance by joking
Show professionalism

Example 8:

病人：就是经常到晚上就头痛，就是比如说今天遇到一些事情不顺了，然后就紧张嘛，一紧张到晚上就头痛，然后痛完

医生：什么叫不顺了？

病人：就比如说遇到，工作遇到一些困难，就着急，一直就着急。

医生：那你选择的工作是太难了你不胜任呀

病人：不是

医生：还是说是本来就是这样子？

Example 9:

病人：那医生你的意思就是我这可能一辈子都不需要手术是吧还是？

医生：呃，应该，这个话怎么说？… 就是我们很多的患者都是不需要的。不需要治疗就不需要手术的至少，那到底是你到底需不需要，这个现在我们，我们希望我们把大家共同努力的结果是你不需要做手术。懂我的意思吧？

Example 10:

医生：不是你让上，你把你的卡留在上海让他们帮你买，这个没办法的，这个药的话是挺麻烦的，但是呢就是一定要吃，这个药呢，就是跟人体模拟人体最像的药，

病人：嗯

医生：知道吧，就是说你那个，就比如说我们说跟人最像的人是猿猴，猿猴下面是黑猩猩，下面是猴子，然后你说那个猫像人么也像人了，但是它像的就离得太远了，但这个是离人体最像的一个，优甲乐现在还吃吧？

病人：吃啊　　医生：那优甲乐在当地配吧，当地报销好，多一点好吗啊？

Example 11:

家属: 华山他应该是去看过了。　　医生：嗯。

家属: 他华山应该是去过了，这个我知道。　　医生：嗯，嗯嗯。

家属: 估计就是那边。那边也，也是没有什么特别大的进展。

医生：嗯。

Example 12:

医生：叫杨玉宁是吧？这个名字取的，这么，这么有科学家的范儿。

病人：哪有啊　　医生：杨振宁，杨振宁跟你什么关系？哈哈哈

病人：哈哈哈哈哈，高攀不上。

医生：那倒不一定，说不定就是你，他说不定还跟你一辈儿的呢。

病人：哈哈哈哈哈哈。

Example 13:

医生：所以这样子的话，就是说呢，就是让我更担心你知道吧，因为这样的话，它长得更快了，我不说，你说这个人生病了，你说你什么都想保，我也理解你的心情，做医生更想这么做。

Example 14:

医生：你不要这种的，你一看的话，你这个东西就不负责了

病人：这两天这里面鼓起来了。　　医生：你听我跟你讲

病人：这里也大起来了，

医生：你听我跟你讲，我们那个真正的检查呀，干什么的那个东西，不是花时间，也不是花钱，是有好多危险的，比如说我们做 DDVAP，做那个 SSAPF，这个都是有一定危险的，而且不是说是，而且要吃八毫克地塞米松的话，那都有相当的危险的…你的心情我可以理解，你听我的话，先第一步做筛查，好吧？你懂我的意思哦，不是，你的心情…但是对你的心情我能够理解，但是你不能瞎来，好吧？

Example 8 shows that the doctor elicits patients to give more details about her condition with enough patience. In fact, some patients are afraid of being in hospital, and dare not to say too much. If the doctor has appropriate ways to elicit their feelings, he/she can get more information about patients' illness. An encouraging atmosphere is necessary to dispel or ease the patient's anxiety. In example 9, the doctor is comforting the patient by saying through shared efforts the disease can be controlled.

When the patient has some misunderstandings about the drug, the doctor perfectly explains it by using metaphors. It is a good way to decease patients' doubts. Moreover, when patients are sharing their stories, doctors should face in the patient's direction, engage in eye contact with them, and gives some feedback like umm. In example 12, joking made by the doctor can better close the relationship with the patient, which can further ease her concerns. Example 13 and 14 indicate doctor's concern for patients' situation by saying "I understand you". If patients appear to be anxious, the doctor would lower the voice and tell him/her everything is okay and don't worry. The doctor says some medical terms to show the professionalism, and validate the patient's emotional experience in a way that builds a trusting relationship.

The doctor also shows patients her previous confusion as what the patient has now. A positive attitude on the part of the physician is necessary and she conveys the confident expectations to the patient, which is also a significant way to comfort them. Doctors sharing some of their power with patients is beneficial for managing trust in doctor-patient relations, which is a crucial but often neglected aspect of medical care.

5. CONCLUSION

To summarize, this study means to set up a comprehensive understanding of applying Negotiation System and Empathy in building up harmonious doctor-patient relations. In this paper, the author finds that doctors and patients question each other more during consultation, but doctors skillfully adopt the theory of empathy to ease patients' anxiety; thus, trust is built. In addition, the doctor properly transfers some of the discourse power to the patient, listens to their worries patiently and makes the most suitable medical decisions.

In view of the particularity of outpatient conversation: 1) the goal of conversation is quite explicit; 2) the result of conversation is related to whether the doctor can make an accurate diagnosis according to the information provided by the patient, and then directly affects patients' health. Getting enough information during conversation is the first concern of both sides. Therefore, not only doctors, but also patients should pay special attention to these verbal strategies. This corpus-based study sheds light on the importance of combining Negotiation System with Empathy in outpatient conversation, so that mutual trust and understanding can be enhanced and a good doctor-patient relationship can be established.

However, there are still some limitations of this essay. Even though the author transcribes the recording twice and the transcription is generally satisfactory, it is made by hand, which might

make this essay less objective. Meanwhile, the education level, social status, cultural background, physical condition of patients and other objective conditions will also influence the accuracy of this study. Further studies can deal with some other specific contexts of doctor-patient interaction.

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APPENDIX

Translation:

Example 1:

医生：来，陈娟娟坐。(A2)

病人：嗯，好的。(A1)

医生：来，陈娟娟坐。(A2) 你这个抵抗力太不好了，怎么会发生尿路感染呢？

Example 1:

Doctor: Here, sit down please, Chen Juanjuan. (A2)

Patient: Well, thank you. (A1)

Doctor: Sit down please. (A2) Your resistance is too weak. How does a urinary tract infection occur?

Example 2:

病人：你好，孙医生

医生：嗯嗯

病人：你好，

医生：你好嗯嗯，配药是吧。(dA1)

病人：啊？

医生：配药啊还是什么呀？(dA1)

病人：配药，我我现在主要是想来再再看一下吧，就是复查复查吧。(A2)

医生：嗯，嗯嗯。(A1)

Example 2:

Patient: Hello, Dr. Sun.

Doctor: Hi

Patient: Hello.

Doctor: Hi, uh, do you wanna fill a prescription? (dA1)

Patient: what?

Doctor: Dispensing or something else? (A1)

Patient: Dispensing. I just want to come and have a medical checkup. (A2)

Doctor: Yeah, okay.

Example 3:

病人：医生

医生：嗯，是王丽是吧？(K2)

病人：嗯。(K1)

Example 3:

Patient: Hi, Doctor

Doctor: Hello, Wang Li, right? (K2)

Patient: Yeah. (K1)

Example 4:

医生：来，陈超请进，来，陈超请坐。(A2)

Example 4:

Doctor: Come, Chen Chao, please come in. Chen Chao, sit down please. (A2)

Example 5:

病人：多开几瓶可以吗？(A2)

医生：多开几瓶开不出来，你这个药就是开不出来呵呵呵。(ch)

病人：是不是有换药或者什么的啊？必须吃这种药啊？(K2)

医生：对，必须吃这种药，(K1)

病人：但是这个药太难买了，我们那个地方都没有啊，

医生：没有的话你要在上海就你要在上海交个朋友，让上海的人帮你去买，知道吧？

Example 5:

Patient: Can I have a few more bottles of this? (A2)

Doctor: No, you can't. There are strict dispensing guidelines for this medicine. (ch)

Patient: Can I take other medicine? Must I take this one? (K2)

Doctor: Yes, you must take this one. (K1)

Patient: But this medicine is too difficult to buy. We don't even have it in my hometown.

Doctor: If so, you need to make some friends in Shanghai and ask them to buy it for you, you know?

Example 6:

医生：很小的囊肿，有的 18 年也有的，这张片子上也有一模一样的。(K1)

病人：有吗？

医生：有的。

病人：他说没有啊。(ch)

医生：有的

病人：噢噢噢。

医生：小到大家都无法发现，没问题的

……

病人：最主要那个医生说去年都没有，今年长了。(ch)

医生：有的一模一样的，

病人：一模一样，他肯定没看见，

医生：因为你拍的，不怪他们。

病人：嗯，

医生：因为你拍的不是垂体的片子，你拍的不是片子，就是我们在拍其他的东西呢扫到一点点，说明这个医生第一次医生有点忽略了，这也是人之常情，很正常，现在你也可以忽略这个问题。

Example 6:

Doctor: The cyst is very small. It appeared on last year's X-ray photo. There is the same one on this photo. (K1)

Patient: Really?

Doctor: Yes.

Patient: The doctor said no. (ch)

Doctor: Yes, there is.

Patient: Oh.

Doctor: It's too small to be found. That's okay.

...

Patient: The other doctor said that there's nothing last year. It grows this year. (ch)

Doctor: There is one.

Patient: Exactly the same? He surely didn't notice it.

Doctor: Don't blame them.

Patient: Well.

Doctor: Because what you filmed is not the pituitary gland. It just we are filming other things and happen to find a little trace of it. The doctor ignored it for the first time. It's not a big deal, you can ignore this problem too.

Example 7:

医生：今天要配药吧。

病人：不要配了，我还是到我们当地去了，我，我要吃中药去。(ch)

Example 7:

Doctor: Dispensing?

Patient: No. I want to go back. I, I want to take Chinese medicine. (ch)

Example 8:

病人：就是经常到晚上就头痛，就是比如说今天遇到一些事情不顺了，然后就紧张嘛，一紧张到晚上就头痛，然后痛完

医生：什么叫不顺了？

病人：就比如说遇到，工作遇到一些困难，就着急，一直就着急。

医生：那你选择的工作是太难了你不胜任呀

病人：不是

医生：还是说是本来就是这样子？

Example 8:

Patient: I often have a headache at night. For example, if something goes wrong today, I will be nervous. And if I get nervous, I will have a headache at night.

Doctor: What do you mean by that?

Patient: For example, when I meet some difficulties in my work, I'll worry about them all the time.

Doctor: Is the job you chose too difficult for you?

Patient: No.

Doctor: Or is it just the way it is?

Example 9:

病人：那医生你的意思就是我这可能一辈子都不需要手术是吧还是？

医生：呃，应该，这个话怎么说？… 就是我们很多的患者都是不需要的。不需要治疗就不需要手术的至少，那到底是你到底需不需要，这个现在我们，我们希望我们把大家共同努力的结果是你不需要做手术。懂我的意思吧？

Example 9:

Patient: So, doctor, do you mean that I may not need surgery for the rest of my life?

Doctor: Well, yes, how to say?...Many of our patients don't need it. At lease you don't need surgery if you don't need treatment. Concerning whether you need it or not, we hope that we can put together a joint effort to make sure that you don't need surgery. You know what I mean?

Example 10:

医生：不是你让上，你把你的卡留在上海让他们帮你买，这个没办法的，这个药的话是挺麻烦的，但是呢就是一定要吃，这个药呢，就是跟人体模拟人体最像的药，

病人：嗯

医生：知道吧，就是说你那个，就比如说我们说跟人最像的人是猿猴，猿猴下面是黑猩猩，下面是猴子，然后你说那个猫像人么也像人了，但是它像的就离得太远了，但这个是离人体最像的一个，优甲乐现在还吃吧？

病人：吃啊

医生：那优甲乐在当地配吧，当地报销好，多一点好吗啊？

Example 10:

Doctor: You can leave your card in Shanghai and let them buy it for you. There's no other way. It does not easy to buy this medicine, but you must take it. This medicine is the one that fits our body the best.

Patient: Well.

Doctor: You know. We say that the animal who looks most like a person is an ape, then is chimpanzee, and then is monkey. You may say that a cat looks like a person too, but it is not that much. And this is the one that most resembles human body. You're still taking Euthyrox, right?

Patient: Yes.

Doctor: Then you can buy Euthyrox in local pharmacy and apply for reimbursement, will that be better?

Example 11:

家属: 华山他应该是去看过了。

医生：嗯。

家属: 他华山应该是去过了，这个我知道。

医生：嗯，嗯嗯。

家属: 估计就是那边。那边也，也是没有什么特别大的进展。

医生：嗯。

Example 11:

Family: He must have been in Hua'shan.

Doctor: Yes.

Family: He must have been there. I know that.

Doctor: Well, well.

Family: I guess it's there. But there is not much great progress.

Doctor: Yes.

Example 12:

医生：叫杨玉宁是吧？这个名字取的，这么，这么有科学家的范儿。

病人：哪有啊

医生：杨振宁，杨振宁跟你什么关系？哈哈哈

病人：哈哈哈哈哈，高攀不上。

医生：那倒不一定，说不定就是你，他说不定还跟你一辈儿的呢。

病人：哈哈哈哈哈哈。

Example 12:

Doctor: It's Yang Yuning, right? The name is so, so scientific.

Patient: No, no.

Doctor: Yang Zhenning. What's the relationship between Yang Zhenning and you? Ha, ha, ha

Patient: Ha, ha, ha, ha. You’re kidding.

Doctor: Who knows. Maybe You're about the same age.

Patient: Ha ha ha ha ha.

Example 13:

医生：所以这样子的话，就是说呢，就是让我更担心你知道吧，因为这样的话，它长得更快了，我不说，你说这个人生病了，你说你什么都想保，我也理解你的心情，做医生更想这么做。

Example 13:

Doctor: So in this case, it makes me worry more about you, because it will grow faster then. You see, you get sick, but you want everything to be normal. I understand and that’s what we as a doctor want as well.

Example 14:

医生：你不要这种的，你一看的话，你这个东西就不负责了

病人：这两天这里面鼓起来了。

医生：你听我跟你讲

病人：这里也大起来了，

医生：你听我跟你讲，我们那个真正的检查呀，干什么的那个东西，不是花时间，也不是花钱，是有好多危险的，比如说我们做 DDVAP，做那个 SSAPF，这个都是有一定危险的，而且不是说是，而且要吃八毫克地塞米松的话，那都有相当的危险的，不是说你现在怀疑了，怕我们的问题上，你的心情我可以理解，你听我的话，先第一步做筛查，好吧？你懂我的意思哦，不是，你的心情，我们对库欣病人的话，做事情的话，这个是非常严谨的，但是对你的心情我能够理解，但是你不能瞎来，好吧？

Example 14:

Doctor: Don’t do that. You see it on the website, but it is not responsible for anything.

Patient: It swelled up these two days.

Doctor: Listen to me.

Patient: And it gets bigger here too.

Doctor: Listen to me. The real examination we do, it not just about time or money. It is something really dangerous. For example, examinations like DDVAP and SSAPF are all dangerous. And it is also quite dangerous to take eight milligrams of dexamethasone. I know you are worried about your sickness and I understand. But you need to listen to me and do a screening first, all right? You know what I mean? We understand your feeling. But we are very cautious when treating patients with Cushing Syndrome. So, you can’t just do it in your way, okay?